

DMV	USE	ONLY
RECEIVED AND DES	TROYE	D STICKER NO. HERE

					RECEIV	DMV USE ONL ED AND DESTROYED STIC	
A Public Service Agency APPLICATION FOR REFUND (PART 2)			YEAR	YEAR WARRANT NO. (ACCOUNTING USE ONLY):			
Must be submite Department of M	otor Vehicles					EIVED REFUND REQUEST	
P.O. Box 942869 MS A235 Sacramento, CA 94269-0001				BUSINESS INDIC	BUSINESS INDICATOR:		
			APPLICANT II	NFORMATION		ш '	
1. NAME (LAST, FIRST,	MI)						
2. MAILING ADDRESS	ESS		3. CITY		STATE ZIP		
4. VIN/HIN (LAST 3 CHA	ARACTERS)	5. REFUND REGARDING (COMPLETE NAME)		6. LICENSE PLATE, ACCOUNT OR RECEIPT NO. 6a. REGISTRATION OCCUPATIONAL			_
7. DATE FEES WERE P.	AID (MM/DD/YYYY)	8. OFFICE WHERE FE	ES WERE PAID	9. WERE FEES PAID E	Y CREDIT CARD?	10. AMOUNT OF CLAI	М
_	s is being requested military and not a C		. (Please attach co		<u>-</u>	Nonresident Military	/ Exemption form)
☐ Vehicle/ves	ssel left California	on/last operated	in California on _	DATE	and fees	were paid on	DATE
☐ Vehicle/ves	ssel was 🗌 sol	d wrecked	stolen on _	DATE	and fees	were paid on	DATE
_	Refund Request ase explain briefly						
I CERTIFY unde	r penalty of perj	ury under the law	ws of the State o	f California that	the foregoing	is true and correc	t.
12. DATE	13. SIGNATURE OF APPLICANT X				14. DAYTIME TELEPH		ONE NO.
		**	FOR DMV	USE ONLY		()	
SUB M FEE CLEARANCI			REPORTING UNIT NO. TYPE LICENSE		TOTAL REFUND:		
FEE CODES + Waiver/County	REFUND AMOUNT	FEE CODES + Waiver/County	REFUND AMOUNT	FEE CODES + Waiver/County	REFUND AMOUNT	FEE CODES + Waiver/County	REFUND AMOUNT
A -		001					
P - (031)		002					
G -		003					
D - (074)		00L -					
L - (075)		VL2 -					
J - (076)							
T -							
B - (084)							
Q - (085)							
S - (086)							
V - (087)							
						a. 1	

VLF PENALTY OFFSET WAIVER CODE DMV APPROVALS (LEGIBLE SIGNATURE REQUIRED)

TECHNICIAN
X
SUPERVISOR
X
MANAGER
X FTB VLF OFFSET DATE REBATE

PENALTY

2001 AMT